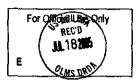
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 3 357

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

F Browne

2. Fiscal Year Covered From:

1/1/04 Through: 12/31/04

Name TEAMSTERS LOCAL 731

4. Name, file number, and address of labor organization.

•	Labor Organization File Number 011948		
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any		
Street 1000 BURR Ridge ParkWAY	Street 1000 BURR RIDGE PARKWAY		
Street 1000 BURR Ridge ParkWAY City BURR Ridge	City BURR RIDGE		
State Illinus ZIP Code + 4 6058	7 State IL ZIP Code + 4 60527		
5. Position in labor organization. Business-	Representative		
	our spouse or minor child directly or indirectly had any of the following interests ne exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) wi monetary value from an employer whose employees your orga			
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any	75 Amount		
Street	7.b. Amount.		
City			
State ZIP Code + 4			
~_ 	Signature		
	alty of Perjury and other applicable penalties of the law, that all of the information mpanying documents), has been examined by the signatory and is, to the best of the the section on penalties in the instructions.)		
Signed Thomas F. Brawne	on 7-8-05 630 887-4100		

Name of Person Filling Thomas F. Browne		File Number U -3357	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name BOWD, BLOCH, BENNETT Trade Name, if any: P.O. Box, Bldg., Room No., if any Street B SOUTH MICHIGAN, AYE City CHICAGO State TCINOIS ZIP Code + 4 60603	9. Business deals with: a. Labor Organiza b. Trust c. Employer	ition	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: TEAMSTERS LOCAL-731 Trade Name, if any: HEALTH WELFARE PENSION FUND P.O. Box, Bidg., Room No., if any		ing. LEGAL REPRESENTATION & TRUST FUND	
Street 1000 BURR RIDGE PARKWAY	11.b. Approximate dollar valu	ue of such dealing.	
City BURR-RIDGE State TUINOUS ZIP Code + 4 (20527)	12.a. Nature of interest hele XMAS CAN 0	d or income received. GIFT F POPCORN	
C. Received from any employer (other than an employer covered und	er parts A and B above)	28.00	
or from any labor relations consultant to an employer any payment of mone 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	CERTIFICATE	

Name JAMES RIDGE

Trade Name, if any: DAMES RIDGE ASSOCIATES

P.O. Box, Bidg., Room No., if any

THAD NO DEALING WITH Street 101 N WALKER DEIVE City CHICAGO State | ILLINOIS ZIP Code + 4 : 60 60 6 14.b Amount of payment. 13.b. Is the Business an Employer or Consultant Form LM-30 (2003)